DF LARATION AND POWER OF ATTORNEY PATENT APPLICATION

ATTORNEY DOCKET NO. 10007811 -1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, fin and joint inventor (if plural na a patent is sought on the inve	mes are listed below) of	only one name is list f the subject matter w	ted below) or an original, first which is claimed and for which			
Extended Image Ditigal Photography						
the specification of which is	attached hereto unless t	he following box is ch	necked:			
() was filed on						
	and was amend					
	nded by any amendmer	it(s) referred to above	above-identified specification, e. I acknowledge the duty to CFR 1.56.			
Foreign Application(s) and/or Claim (of Foreign Priority					
	nd have also identified below	any foreign application for I	ny foreign application(s) for patent or patent or inventor(s) certificate having			
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119			
			YES: NO:			
			YES: NO:			
Provisional Application		 				
I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:						
	APPLICATION NUMBER	FILING DATE				
U. S. Priority Claim	05.117.107.4					
I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:						
APPLICATION NUMBER	FILING DATE	STATUS (n	atented/pending/abandoned)			
	 	1	atoritos/portaing/acatitac/loa/			
		+				
	 	 				
POWER OF ATTORNEY:		<u>. l</u>				
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:						
Customer Number	er 022879	Place Customer	7			
Customer Number	022879	Number Bar Code Label here				
Send Correspondence to:		Direct Telephor	ne Calls To:			
HEWLETT-PACKARD COMPANY Intellectual Property Administrat		L.Joy Griebeno				
P.O. Box 272400		(970) 898-388				
Fort Collins, Colorado 80527-2	400	(970) 696-366	· ·			
made on information and b with the knowledge that v	elief are believed to be villful false statements r Section 1001 of Title	true; and further that and the like so ma 18 of the United Sta	re true and that all statements these statements were made and are punishable by fine or tes Code and that such willful nt issued thereon.			
Full Name of Inventor: Tim Gold						
Residence: 926 Paloverde Drive Loveland CO 80538						
Residence: 920 Paid		Citizenship: US				
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10007811 -1

	Full Name of # 2 joint inventor:	Gregory A Brake	Ci	itizenship: US		
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	Post Office Address:	Same as residence				
	Un A Bade	<i>></i>	9/11/20	1/2001		
	Inventor's Signature	Da				
	Full Name of # 3 joint inventor:		Ci	itizenship:		
	Residence:					
	Post Office Address:	And the second s				
	Inventor's Signature					
	inventor o dignaturo	Da	te			
	Full Name of # 4 joint inventor:	:	Ci	itizenship:		
STATES A	Residence:					
	Post Office Address:					
o	Inventor's Signature	Da	te			
	Full Name of # 5 joint inventor:		C	idinamakin .		
T	Residence:			itizenship:		
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I	Post Office Address:					
	Inventor's Signature	Da	te	100		
I						
	Full Name of # 6 joint inventor:		C	itizenship:		
1	B					
	Post Office Address:					
	Inventor's Signature	Da	te			
	Full Name of # 7 joint inventor		C	itizenship:		
	Residence:					
	Post Office Address:					
	Inventor's Signature	Da	te			
	Full Name of # 8 joint inventors		C	itizenship:		
	Residence:		· · · · · · · · · · · · · · · · · · ·			
	Post Office Address:					
	Inventor's Signature		te			
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